this this

the registrar within 72 hours after death. After in by the funeral director, the third copy of

certificate has been executed by the attending physician and completely filled death certificate assembly should be deteched for use as a burial transit permit.

A15C 1-55 10M

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed

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24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01568

1507 CERTIFICATE OF DEATH

200,	Reg. Dist.	No. 51
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
· · · · · · · · · · · · · · · · · · ·	9,	
COUNTY (a) 2 7 + MARYLAND CITY (il outside corporate limits, while RURAL LENGTH OF STAY	STATE METT GAD COUNTY Ca.	locat
OR and-give negrest town	CITY (If outside corporate fimits, write RURAL and give naares	I town)
X TOWN Glince trederick 14 hrs	TOWN Barstow	Χ.
HOSPITAL OR	STREET (if rural give location)	7
INSTITUTION OR STREET ADDRESS	ADDRESS	I.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	D-3
DECEASED	OF 0	7 195L
(Type or Print)	Joot DEATH Z	19
5. WY 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF		
Z (Specify)	15 1950 YES. Months	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS)	11. /BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of warking life, even If OR INDUSTRY (2-	COUNTRY?
	mary 14 Nd	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Julius Goot	Bertha OWEN	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yas, no, or unk.) (If Yes, give wer or detes of service)	Bertha OWEN.	Boustant
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN
772 IMMEDIATE CAUSE (A) MALNU	TRITION	ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		
(C)		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		24 411707544
THE STATE OF STREET		20. AUTOPSY? YES NO
21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d, TIME OF INJURY (Month) (Dey) (Year) [Hour) 21e, INJURY OCCURRED 2	21f. HOW DID INJURY OCCUR?	
M. el work et work		
22. I hereby certify that I attended the deceased from.	6, 1958, to 7 de 7, 1956, that I la	as any the decised
7 / 5 //	A H hands and a land a land	ist saw the deceased
SIGNATURE	M, from the causes and on the date stated	
(Chasilen	5 + 6 c - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	DATE SIGNED
23/ BURIAL) CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, lown, or county)	(Steta)
* REMOVAL (SPECIFY)	77 6	/(Siera)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	La Darstow	ma
	25, FUNERAL DIRECTOR'S SIGNATURE AD	DDRESS
DATE 2-9-56 H. W. Ward	1.2. Dewell Prince of	red Tud

ST LEGISTRAN-PERSON OF THE ABOUT STATE OF AN ALLE

STATE OF DEATH

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BUREAU V. S.

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VS. A15A - 5 - 53

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RYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18

01569 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MEDICAL EXAMINER S CERTIF	TORILL OF DESTRICT NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
I. PLACE OF DEATH: 2. US	JAL RESIDENCE (HOME) OF DECEASED:
COUNTY MARYLAND ST	ATE Med COUNTY Close
OR and live nearest town) / (in this place) OR	YN (If quickle corporate limits write RURAL and give nearest town) WN WN
	IEET (If rural, give location) DRESS
3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	troll 6. DATE (Month) (Day) (Year) 56
WIDOWED PROCED, Feb. 11, 1	IRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. 9/6 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY: Taeven if retired: Taeven if retired:	about County, Mid 21. CITIZEN OF WHAT
13. FATHER'S NAME:	OTHER'S MAIDEN NAME:
trank Brightwelf	de Fewlet
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	CORMANT & ADDRESS:
18. MEDICAL CES	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	nd Olean ONSET AND DEATH
Antecedent cause(8)	1 3 1 3 1
Diseases or conditions if any. (b)	an fra I day
giving rise to the above cause DUE TO	
stating underlying cause last (c)	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	land in Oke in less dy
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS 21b. PLACE Frome, farm, factory, 21	Yes No DY (Oity or town) (State)
CAUSE OF DEATH. INJURY OF CONTRIBUTING INJURY CO., etc.,	Varies what Wif
21d. Time (Menth) (Day) (Year) (Hour) 21e. INJURY OCCURRED 210 While at Not while 1 work at work	in chaf wonty chart
22. I hereby certify that I took charge of the remains described at	
find that death resulted from: Natural causes [, Accident [CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (Specify): Feb. 21, 1954 Wester and	- D: -0 1 11 41 41
	4. Harkness & Con - mulial, med

BUREAU V. S.

PECELVED SEC

executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

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1589 CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Callert MARYLAND	STATE Marisland COUNTY CARREST
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give nearest town) OR
OR and give neerest town) TOWN (in this piece)	TOWN Luaba X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rurel give location) ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yeer)
(Type or Print)	madre: OF DEATH 2 13 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	in steries
E, RACE WIDOWED, DIVOKCED, (Specify)	Le G yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) Wenterthe	marsland U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
andrew Johnson	Jennie Johns M.
15. WAS DECEASED EVER IN U. S. ARMID FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS V
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Havid Jammodoro Rusby me
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIPICATION BETWEEN ONSET AND DEATH
400 / IMMEDIATE CAUSE (A) Cormon	ochlusion
ANTECEDENT CAUSE(S) DUE TO /// 7	- 0"
DISEASES OR CONDITIONS, IF ANY, (B)	aring /
GIVING RISE TO THE ABOVE CAUSE DUE TO	and a company
1) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Cook Samely survey
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	0
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION .	20. AUTOPSY?
A Legipty's type illiprotyble C. I. All Disease ill	YES NO [
216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINE)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	THE HOW DID INJURY OCCUR?
M. el work el work	A I
22. I hereby certify that I attended the deceased from	, 19 to 2/13 , 19 to , that I last saw the deceased
alive on	A.M. from the causes and on the date stated above.
SIGNATURE Tolland	ADDRESS (Street, city, town, stete) DATE SIGNED
23/ BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY) 2-15-56 5+ O.P.	1. Lugher me
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
2.71 50	DE Courell On Inch and

ISSACERTISICATE OF DEATH

BY JECOMITAN WHEN DEPART OF THEM INCHES OF ATTENDING THE METAL STREET

BANKS WILL VIS COMMITTED TO STATE THE TANKS IN

BUREAU V. E.

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hours' after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

Reg. Dist. No.

1590

CERTIFICATE OF DEATH

	F DEATH				2. USUAL RESID	ENCE HOM	E) OF D	ECEAS	ED	The second second
COUNTY	Calvert		A4 A 77	4.510	STATE Mary	beef	COUNTY	Calm	ront	
CITY (If ou	tside corporete limits, write	RURAL	MARYL LENGTH O	F STAY	CITY (If outside co					-
	Prince Fre		(in this p	ptece)	OR					
HOSPITAL O		enerror	c 21 d	lays	STREET	ince Fre	UETIC		-1	75
INSTITUTION		County	Hospital		ADDRESS		fit tritet flis	A Incello	n,	1
3. NAME OF			(Middle)		(Last)	4. DA	TE (Mor	ith)	(Dey)	(Yeer)
(Type or Print			Lyles	Fr	eeland	DE	ATHPel	ruar	y 2	1956
5. SEX	6. COLOR OR	7. SINGLE,		8. DATE		9. AGE lest I			ER 1 YEAR	IF UNDER 24 H
Male	RACE		married	A	43 0 30mm	0.0		Months		Hours Min
	UPATION (Give kind of v		Ob. KIND OF BUSINES		11 9, 1873	82	yn.	9	1 2 3	L OF WHAT
done during	most of working life, eve		OR INDUSTRY		11. BIRTHPLACE (Stele or f	oreign country;			COUN	N OF WHAT
retired)	farmer		retired		Maryla					
J. FATHER'S NA	ME				14. MOTHER'S MAID	EN NAME				
	G eorg	e T. F	reeland		Wilimi	na Lyons				
. WAS DECEA	SED EVER IN U. S. ARME		16. SOCIAL SEC	URITY NO.	17. INFORMANT				1	d girma
Yes, no, or unk.)	(If Yes, give wer or de	tes of service)	<u> </u>		- d'i	11	0	1	Pre	nee trya
no	120		100	0	RTIFICATION	ua tri	eelas	uel		TAL BETWEEN
- 1- C- 1 - 111	MEDIATE CAUSE					the man				
DISEASES OR CO	TECEDENT CAUSE(S) ONDITIONS, IF ANY, THE AROVE CAUSE	(A) DUE TO	Seren	legi	aites	a-se	wy	<u>.</u>		
DISEASES OR CO GIVING RISE TO STATING UNDER IT OTHER SIGNIFI TO THE DEATH	CANT CONDITIONS OF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS CON BUT NOT RELATED TO TO	OUE TO (B) OUE TO (C) ITRIBUTING	Elsalan	lui	arter	- Ne	w	-		
DISEASES OR CO GIVING RISE TO STATING UNDER TO THER SIGNIFI TO THE DEATH DISEASE OR CO	CECEDENT CAUSE(S) DNDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS CON BUT NOT RELATED TO TO DNDITION CAUSING DEA	(B) UE TO (C) ITRIBUTING HE TH.	Sesalani DINGS OF OPERATION	luji	arter	-rl	w			. AUTOPSY?
DISEASES OR COGIVING RISE TO STATING UNDER I OTHER SIGNIFI TO THE DEATH DISEASE OR CO 90. DATE OF OR	CECEDENT CAUSE(S) CONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS CON BUT NOT RELATED TO TI SNOITTON CAUSING DEA PERATION 196.	(B) UE TO (C) ITRIBUTING HE TH.	Sesalana DINGS OF OPERATION	lugi	arter	-rl	w		20 YES	
DISEASES OR COGNING RISE TO STATING UNDER SIGNIFIT TO THE DEATH DISEASE OR COOPE. DATE OF OR CONTRIBUTING OR CONTRIBUTING	CECEDENT CAUSE(S) DNDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS CON BUT NOT RELATED TO TO DNDITION CAUSING DEA	OUE TO (B) (C) (C) (TRIBUTING HE .TH. 21b. PLACE	DINGS OF OPERATION [Home, farm, fector street, office bidg., etc.]	у,	arters	CUR? (City or to	wn)	(Cc		
DISEASES OR COGNING RISE TO OSTATING UNDER LID OTHER SIGNIFITO THE DEATH DISEASE OR CO. 196. DATE OF OR CONTRIBUTING (IF EITHER, NOTIFY	CECEDENT CAUSE(S) CONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS CON IBUT NOT RELATED TO TI SNOITTON CAUSING DEA PERATION WAS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER	OUE TO (B) (C) (C) (TRIBUTING HE .TH. 21b. PLACE	E (Home, farm, fector street, office bldg., etc	Y,	21c. WHERE DID INJURY OC		wnj	(Ce	YES	□ NO □
DISEASES OR COGNING RISE TO STATING UNDER SIGNIFI TO THE DEATH DISEASE OR CO. 190. DATE OF OR CONTRIBUTION OF EITHER, NOTIFY CITE. TIME OF INJ. 22. I hereby alive on., SIGNATA	CECEDENT CAUSE(S) CONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST, CANT CONDITIONS CON BUT NOT RELATED TO TO CONDITION CAUSING DEA DERATION 196. WAS UNDERLYING 196. WAS	OUE TO (B) OUE TO (C)	Zie. INJURY OCCU While No et work et or Andrew Hart	URRED Distribution occurred a	21f. HOW DID INJURY OC	courses and press (Street	on the cont, city, tow	A, that	TES Punity)	(Stete)
DISEASES OR COGIVING RISE TO OSTATING UNDER LID UNDER LI	CECEDENT CAUSE(S) CONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST, CANT CONDITIONS CON IBUT NOT RELATED TO TI CONDITION CAUSING DEA PERATION 196. WAS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) URY (Month) (Dey) Y CEPTIFY that I att MATION, PECIFY) DATE	OUE TO (B) OUE TO (C)	Zie. INJURY OCCU While No et work et	URRED Distribution occurred a	21f. HOW DID INJURY OC	cour? courses and corress (Street LOCATION Puni	on the cont, city, tow	A, that	TES Punity)	(State) v the decease

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MARYLAND STATE DEPARTMENT OF	HEALTH-BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 51
I. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF DECEASED:	12
COUNTY SICELY MARYLAND	STATE MES COUNTY CALO	2
CITY (If outside corporate limits wellse RURAL LENGTII OF STAY OR and divergence town) (in this place)	CITY (It) outside corporate limits write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED: (First) (Middle) (Type or Print) Melin (Type Of Print)	(Last) 4. DATE (Month) (Day OF DEATH 2 5	19.5 6
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	II, BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME:-	14. MOTHER'S MAIDEN NAME:	7
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	It INFORMANT & ADDRESS! She	al Rush wo
IS. MEDIC I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CAL CERTIFICATION	INTERVAL BETWEEN
Liling.		ONSET AND DEATH
Immediate cause (a)	The same and the s	
Antonidant associal		
Antecedent cause(s)	the we look at 1030 B	a_
Diseases or conditions, if any. (b)	of in logict 1030B	<u></u>
Diseases or conditions, if any. (b) DUE TO stating underlying cause last (c)	il in lofat 1030B	2
Diseases or conditions, if any. giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	il in lofat 1030B	<u> </u>
Diseases or conditions, if any. (b) DUE TO Stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	el en lofat 1030B	20. AUTOPSY?
Diseases or conditions, if any, (b)	La City or town (County)	Yes No
Diseases or conditions, if any, (b)	y, 21c. (City or town) (County)	
Diseases or conditions, if any. (b) DUE TO stating underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	y, 21c. (City or town) (County) 21f. HOW DID INJURY OCCUR?	Yes No
Diseases or conditions, if any, (b) DUE TO stating underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF OPERATION: 21b. PLACE (Home, farm, factor OF street, office bidg., et INJURY) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Work August 10 at work 10 at work 11 at work 12 at work 13 at work 12 at work 13 at work 14 at work 15 at work 16 at w	211. How pid injury occur?	Yes No () (State)
Diseases or conditions, if any, (b) DUE TO stating underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF OF Street, office bldg., et INJURY 21d. TIME (Month) (Day) (Year) (Hour) OF While at Not while work at work of the work	ibed above, held an Autopsy [], Inspection [] ident [], Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	Yes No (State) (State)
Diseases or conditions, if any. giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING Finding of Street, office bldg., et INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY 22. I hereby certify that I took charge of the remains descr find that death resulted from: Natural causes Accessionature 23 BURIAL CREMATION, DATE THEREOF NAME OF CEMETE	ibed above, held an Autopsy [], Inspection [] ident [], Suicide [], Homicide [], Undeter	Yes No () (State) , Inquiry [], and rmined cause []. DATE SIGNED
Diseases or conditions, if any. giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. (AUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 22. I hereby certify that I took charge of the remains descr. find that death resulted from: Natural causes Of Acc. SIGNATURE 22. BURIAL CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify): 9-2-56 NAME OF CEMETE	ibed above, held an Autopsy , Inspection dent , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. RY OR CREMATORY LOCATION (City, town, or control of the contr	Yea No () (State) , Inquiry , and rmined cause . DATE SIGNED (State)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Firetory of Street, office bldg., etc. INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Work at work 22e. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes 7. Acc SIGNATURE 22 BURIALI CREMATION, DATE THEREOF NAME OF CEMETE	ibed above, held an Autopsy [], Inspection [] ident [], Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	Yes No () (State) , Inquiry [], and rmined cause []. DATE SIGNED winty) (State)

BUREAU V. E.

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James offer death. After this director, the third copy of this

registrar millin by the funeral

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The law requires that the death -- rtifical ATTIMING FINALICIAL OR HOSPITAL The law requires that The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1592 CERTIFICATE OF DEATH

01573

Reg. Dist. No. 51

1. PLACE OF DEATH		2. USUAL RESIDE	CE HOME OF BEGINNER	D
COUNTY Callet	MARYLAND	STATE Mah	Mant COUNTY Call	rest
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (Il autside corpo	refe limits, write RURAL and give nee	rest town)
OR end give nearest Jewn) Tree	(in this place)	TOWN ()	4 4 8 8 4 1	
HOSPITAL OR	7,	HUIT VALLE	(If ruref give location)	
INSTITUTION OR STREET ADDRESS	- h	ADDRESS	•	
3. NAME OF (First)	(Middle)	((ast)	4. DATE (Month)	(Day) (Year)
ITERES AND CO.	(wind min)	()	OF	7/
(Type or Print) Fulc		Griss .	DEATH 2 -	77 7 19 3 6
5. SEX 6. COLOR OR 7. SINGLE, RACE WIDOW	MARRIED, 8. DATI	E OF BIRTH	9. AGE fest birthdey IF UNDER	1 YEAR IF UNDER 24 HRS Deys Hours Min.
E (Specify		'	44 yrs. 1	Deys Hours Mills.
	OF INDUSTRY	11. BIRTHPLACE (Stelle or forei	gn country) 12	COUNTRY?
done during most of working life, even if	OK INDUSIKT	maryla	end	LI SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	91 7.17
1 1 1 2011 Francis		Maria La h	- 1	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDDPFSS -	
(Yes, no, or unk.) (If Yes, give wer or detes of service)		1	Colored Colored	mor mad
		- William	2771000	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH	ERTIFICATION	A	ONSET AND DEATH
	Qualinac	· Nesarani	France	2/7/58
IMMEDIATE CAUSE [A]	The state of the s	2 / GLATIE V	Cr. Market	11/20
ANTECEDENT CAUSE(S) DUE TO	HANVACON	7772		
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATUS INDEPLYING CAUSE LAST DUE TO	///	71200		
STATING UNDERLYING CAUSE LAST. (C)	/'			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				· · · · · · · · · · · · · · · · · · ·
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
	NDINGS OF OPERATION			20. AUTOPSY?
				YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY	E (Home, farm, fectory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUP	(Cour	nty) (State)
[IF EITHER, NOTIFY MEDICAL EXAMINER] 21d, TIME OF INJURY (Month) (Day) (Year) (Hour	1 21e INJURY OCCURRED	I 21f. HOW DID INJURY OCCUP	27	
M.	While Mot while			
		1057	120 .71	1 . 4 1 1
22. I hereby certify that I attended the				
alive on,	, and that death occurred		auses and on the date state RESS (Street, city, town, state)	
SIGNATURE	87	ADDI	(Street, city, town, stele)	DATE SIGNED
Jack	M.D. /	Tunes of	CERTIFICATION	-12/10
23 BURIAL CREMATION, DATE THEREOF, REMOVAL (SPECEY)	NAME OF CEMETERY	OR CREMATORY	LOCATION (City, lown, or county	([Sle1e]
五-六十-	7615th2d	monds	Calvert	Cou mid
24. REC'D BY REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS /
DATE 2-29-56 H. W.	Ward	P.I Saut	Ell. Prince of	red. Wid

S.V. I AAIVI

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

TO ATTENDING PHYSICIAM OR HOLHITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01574

1593 CERTIFICATE OF DEATH

			63
Rea.	Diet.	No.	51

1. PLACE OF DEATH		2. USUA	L RESIDENCE (HOME) OF	DECEASED	
COUNTY C'AL	reit MARYL	AND STATE	Triangland coun	or Caliert	
CITY (If outside corporate lin			If outside corporate limits, write RUR.		
		olece) OR	1		
TOWN JSLO	Luc Glueck 111 mms	TOWN	Island C.	Lick-	
HOSPITAL OR		STREET	Di ruge	el giva location)	
INSTITUTION OR		ADDRES	S	i give location)	
"STREET ADDRESS					
3. NAME OF	(First) (Middle)	(Last)	4. DATE	(Month) (Dey) (Yeer)	1
DECKAGED		0 6	OF	3 (50)	,
(Type or Print)	ic being	プローグレル ころ	DEATH	2 14 195	56
5. SEX 6. COLOR O	R 7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE lest birthde		
RACE	WIDOWED, DIVORCED,	0 1 1	2/2	Months Days Hours	Min.
	(Specify)	1667	82	yrs.	TYUEL.
10e. USUAL OCCUPATION (GIVE	kind of work 10b. KIND OF BUSINES	S 1 11, BIRTHPLAC	E (State or foreign country)	1 12. CITIZEN OF WHAT	T
done during most of working	life, even H OR INDUSTRY		1 -	COUNTRY?	.,
retired) Lemesta	-C .	ma	rulaiid	LUSIA	
13. FATHER'S NAME		14. MOTH	ER'S MAIDEN NAME		
- t	on Jander	A	C' H		
nels	one secondition	File	Sich Gene	_	
15. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. IN	FORMANT & ADDRESS		
(Yes, no, or unk.) [If Yes, give v	wer or detes of service)		2. 1.0	on. Island Cre	. 10
		X CL	man yours	on organical orce	1º-
	18. ME	DICAL CERTIFICATION		INTERVAL BETWE	EEN
I DISEASES OR CONDITIONS DI	RECTLY LEADING TO DEATH	4	7	ONSET AND DEA	
2217		e tind V	- Will		
R / X IMMEDIATE CAUSI		7	20-0-		
ANTECEDENT CAUSE	E(S) DUE TO -//	o- U	. 1	10	
DISEASES OR CONDITIONS, IF	ANY, (B)	11 Cunn	C L 1 - CC:	ernt	
STATING UNDERLYING CAUSE	LAST DUE TO	. 50		1	
STATING GROEFING CAUSE	10 tent		Name of the last o		
II OTHER SIGNIFICANT CONDITIO		San Company			
TO THE DEATH BUT NOT RELAT					
DISEASE OR CONDITION CAUS	ING DEATH				
194, DATE OF OPERATION	195. MAJOR FINDINGS OF OPERATIO	N		20. AUTOPSY	17
				YES NO	
216. ACCIDENT WAS UNDERLYIN	NG 21b. PLACE (Home, ferm, fector	y. 1 21c. WHERE DID	INJURY OCCUR? (City of town)	(County) (State)	
OR CONTRIBUTING CAUSE OF	DEATH OF INJURY street, office bldg., etc	6.]	, , , , , , , , , , , , , , , , , , , ,	(0.011)	
(IF EITHER, NOTIFY MEDICAL EXAM					
21d. TIME OF INJURY (Month)		URRED 21f. HOW DID	INJURY OCCUR?		
		work	,		
			= 1/9	13	
22. I hereby certify th	at I attended the deceased from	2 19	, 10	that I last saw the dece	eased
alive on	, 19 and that death	(m.B. (
SIGNATURE	The state of the s	Transparent Strangers (Strangers	ADDRESS (Street, city,		
1	(116- 11-	EV -	The contract of the contract o	DATE SIG	SHED
- South	will anell	M.D.	1 comme		
23. BURIAL CREMATION,	DATE THEREOF NAME OF	CEMETERY OR CREMATORY	LQCATION (City,	town, or county) (Sir	leta]
REMOVAL (SPECIFY)	9-77.5% T3		Period	1 1	
	かんしゃ いた	الما الما	3,5000		Me
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERA	L DIRECTOR'S SIGNATURE	ADDRESS	
2 211 56	77 77 77 7	D3	Source (CDB)	40 Fredi	
DATE 2-20-56	H. W. Ward	1.4.	July Ca. 1- Alice	were directly when	\L

" AVIII A

FEB SI

77,5181

■2 Lours aften death. After this director, the third copy of this

CERTIFICATE OF DEATH 1594

Reg. Dist. No.

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
1 1 1	21 011
COUNTY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE MAN COUNTY (afre: 7
OR spengive nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
TOWN rence toucher 7 now.	TOWN St. Leseralu
HOSPITAL OR INSTITUTION OR OF A CONTROL OF A	STREET (If rural give location)
STREET ADDRESS (about County Theb.	ADDRESS
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print)	DEATH + 1
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	7 19 2
RACE WIDOWED, DIVORCED,	Months Days Hours Min.
F (Specify) S 7147.1	3, 1877 18 you 10 18
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired;	Dorchester Co. Ind St. S. a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	North a manual transc
Lutina lutina o	Janaha Markanin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS St. Jesman
(Yes, no or unk.) [If Yes, give war or detes of service]	The dest of the servactor
18. MEDICAL CER	THE TOWN I LEA- IN COLL BY THE STATE OF THE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) - acielozio	
and the same	
ANTECEDENT CAUSE(S) DUE TO	Miccern
DISEASES OR CONDITIONS, IF ANY, (B)	, , , , , , , , , , , , , , , , , , , ,
STATING UNDERLYING CAUSE LAST, DUE TO	The state of the s
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	, ,
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198 DATE OF OPERATION 196, MAJOR-FINDINGS OF OPERATION .	20. AUTOPSY?
2 0	YES NOVE
210 ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, fectory, 21	ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	in the state of th
	PTF. HOW DID INJURY OCCUR?
While page Not while page 1	THE THE REGION OF COM!
M. at work L. at work L.	
22. I hereby certify that I attended the deceased from.	19 1, to Z- 19 1, that I last saw the deceased
SIGNATURE (1)	ADDRESS (Street, city, town, stete) DATE SIGNED
Videolland	St he ment the
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	1/2/30
REMOVAL (SPECIFY),	CREMATORY LOCATION (City, town, or county) (State)
Burent 1+4.3, 1936 War anda	Clametere Herritago atours 1 beed
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 2-2-56 H. W. Ward	180 74 how of on- 20 T 19 1
DAIL CECTO	with the state of the the test that

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INSTRUCTIONS

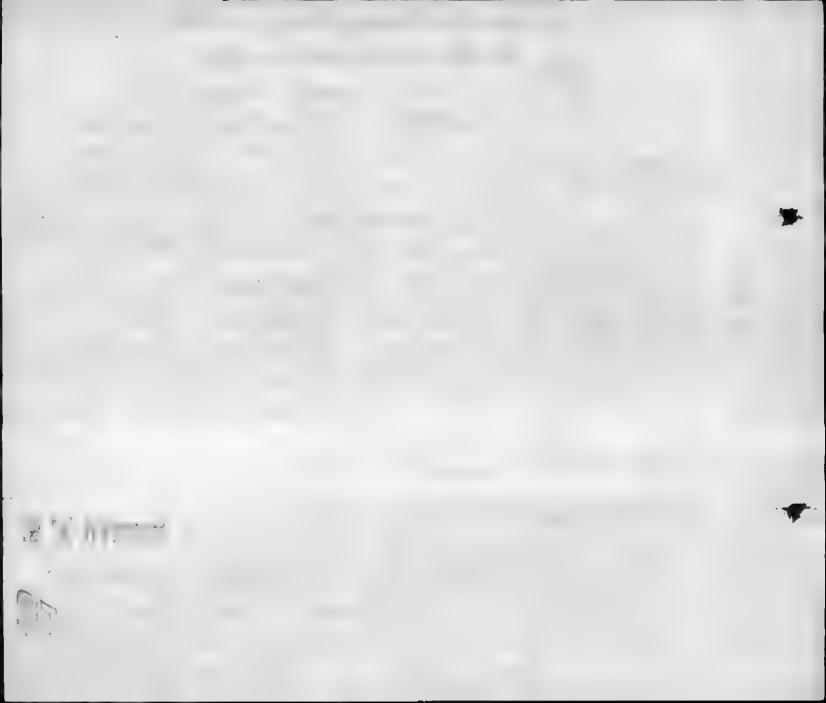
ATTENDED BHYSICIAN

CERTIFICATE OF DEATH 1595

Reg. Dist. No. ...51

1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF DECEAS	ED
COUNTY Calvert		MARYLAND	STATE STORM	1 1 000000	/ 1 1-
CITY (If outside corporate limit	s, write RURAL	LENGTH OF STAY		porete limits, write RURAL end give a	reerest town
OR and give neerest town) TOWN	P 1	(in this piece)	OR TOWN	•	
HOSPITAL OR	Tredarick	l .	()/	vet	
INSTITUTION OR	0.		STREET ADDRESS	(If rural give location	n)
STREET ADDRESS	et Counts	1 Hospital			
3. NAME OF - (Fir	rat) /	viddle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print)	1 40	2	11	OF DEATH 9	2
5. SEX 6. COLOR OR	7. SINGLE, MARRIEI	D G DATE	OF BIRTH	12600	9-15 1956
RACE	WIDOWED, DIVO		OF BIKIN	Months	Der 1 YEAR IF UNDER 24 HRS.
Temale Segre	(Specify)		1011 2 1956	yrs.	/ / / / / / / / / / / / / / / / / / / /
Ide. USUAL OCCUPATION (Give bir done during most of working file) ÕF BUSINESS INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT
relired)	e, even ii	INDO21K1	D	26 . 1 /2	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	BULLICK MI	
21:11	and the same of th			· 0	
HILTON Ma	-CK=11		HaN	0-1055	
15. WAS DECEASED EVER IN U. S.		SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
(Yas, no, or unk.) (Il Yas, give we	r or detes of service)		4000	a K- 11	Alivet he
		10. MEDICAL CE	RTIFICATION	110001201	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRE	CTLY LEADING TO DEATH	-		14 - 12	ONSET AND DEATH
IMMEDIATE CAUSE	(A)	remale	ul. +	Of Working	/
ANTECEDENT CAUSE(S	5115 TO				
DISEASES OR CONDITIONS, IF A	NY, (B)				
GIVING RISE TO THE ABOVE CAUSTATING UNDERLYING CAUSE LA	USE DUE TO				
STATING CAUSE EX	(C)				
11 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN					
190. DATE OF OPERATION	196. MAJOR FINDINGS C	F OPERATION			20. AUTOPSY?
					YES NO
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		form, fectory,	21c. WHERE DID INJURY OCCU	JR? (City or town) (Co	ounty) (State)
(IF EITHER, NOTIFY MEDICAL EXAMIN	ATH OF INJURY street, off IER)	nce bidg., elc.)			
21d. TIME OF INJURY (Month) (D		INJURY OCCURRED	2 Jf. HOW DID INJURY OCCU	JR?	
	M. et wor				
22 I haveby contife that	1 -0-1-1-0-1	2/.	2) 10 1	1-1 7	
22. I hereby certify that	1-7			26 3 , 19 6 , that	
alive on	, 19.1. the, and	that death occurred a		causes and on the date sta	ited above.
SIGNATURE	1100			RESS (Street, city, town, state)	DATE SIGNED
- un	vicana	M.D.		IARD	2/3/26
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, fown, or cour	nty) (State)
Burial	2-4-56	Private		Olivet, Cal	Lvert Co. Md.
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	The state of the s	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE 2-3-56	H. W. Ward	1	Hilton Ma	ckall - Clivet.	Md.

1.79 0 to 0,000



YS ATS (4) TSM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1597 **CERTIFICATE OF DEATH**

Reg. Dist. No.

01578

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)			
l '	a. COUNTI	Smert	MARYLAND	a. STATE	b. COUNTY Colo	1,4
V		(If outside corporale limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporate limits, write RURAL and gi	ive nearest town)
12	RURAL ond give r	1) "// //	Lile	Barre	· · · · · · · · · · · · · · · · · · ·	1
d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS						e IS RESIDENCE
7	OR INSTITUTION	-			/	YES NO A
3	NAME OF	Ph	4451.0			
	DECEASED	First	Middle چ	//	DATE Month	Day Year
_	(Type or print)	unce-		1 10 - 6 12 13	DEATH + etruary	21, 1936
5. :	SEX	14/	RIED NEVER MARRIED	B DATE OF BIRTH		YEAR IF UNDER 24 HRS. Days Hours Min.
		WIDOW	4-	Jan. 14, 1862	94 yrs 1	7
100	during most of wo-	ON (Give kind of work done 10b rking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or for	reign country) 12 CITI	ZEN OF WHAT COUNTRY?
	Thurse	1 /	Tyrne a	Calmet Tou	under Tred 2	1, 5. a.
13.	FATHER'S NAME	100		14. MOTHER'S MAIDEN NAME		
	Tice to	and Danne	+)	ann Elica	lett Ramsee	1
IS.	WAS DECEASED EV		SOCIAL SECURITY NO. 17	INFORMANT	Address	
Į i di	1	(If yes, give war or dates of service)	no 6	alloach Kono	no - Brownial	aland my
	18 CAUSE OF DE	ATH [Enter only one couse per li	ne for (o), (b), and (c).		7777777	INTERVAL BETWEEN
		ATH WAS CAUSED BY: Por	Band Non	1010 Pape		ONSET AND DEATH
	2.37 X	IMMEDIATE CAUSE (a)	CASTILL /SCH	acu aga		
	M	DUE TO	11.0011	210.10		
	gove rise to immediate (b)					
	couse (a), stating the under DUE TO					
7	lying cause lost. (c)					
10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?					
3						YES NO
E	OR CONTRIBUTION	G 🔲 CAUSE OF DEATH	CRIBE HOW INJURY OCCURRI	D (Enter nature of injury in Port I	or Part II of item 18.)	
2	<u> </u>	MEDICAL EXAMINER)				
Š	20c. TIME OF INJU Hour a. m.			ACE OF INJURY (Home, form, 20 clory, street, office bldg., etc.)	Of. (City or town) (Co	ounty) (State)
MED	p. m.	19 While		orași area, erret orași, erc.,		
	21. I certify that I attended the deceased from 1955, to 1955, to 1956, that I last saw the deceased					
	alive on ALL 19 1, and that death occurred at M, from the causes and on the date stated above.					
	ADDRESS (Street, city or town, stote) DATE SIGNED					
	SIGNATURE SIGNAT					
	BLIVE SELECTION					
	PHYSICIAN'S NAME (Type)/	PARE C. SF	TT, M.D.	PRINCE	REDERICK	MD.
22c	REMOVAL (Specify	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY	1 1 1 1	LOCATION (City, town, or county)	(State)
-	Bureal tet. 24, 1936 Walers Memorial Cemillaland luk- Calout Co - most					bout to - met
23.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE					
17	1. U. Harfenies & Jon - Mulual, Med DATE 2-22-56 H. W. Ward					

3 1 TVI III

Mary Mary

ADDRESS

HOSPITAL FUNERAL 0 0

VS A15 (4) 1SM 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

246. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE H. W. Ward

e. IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY?

NTERVAL BETWEEN ONSET AND DEATH

245023

PERFORMED? YES NO

(State)

(Stote)

(County)

ON A FARM? YES NO Z

Year

1956



9

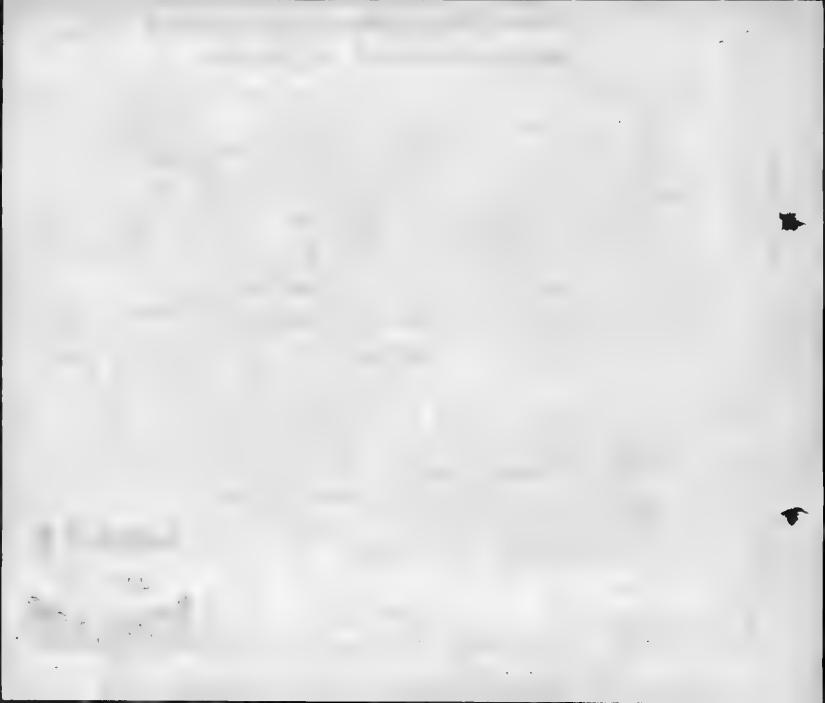
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01580

1599 CERTIFICATE OF DEATH

Reg. Dist. No. 51

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY Caule e- yt MARYLAND	STATE TO PROPERTY COUNTY CONTENTE					
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside obsporate limits, write RURAL and give negrest town)					
OR end-give nearest town) (in this place)	TOWN CO					
Y VILLACE THE GELICE 4 Class	CHESO DRONG (Raic H.					
HOSPITAL OR INSTITUT ON OR	STREET ADDRESS (if rurel give location)					
STREET ADDRESS Complete						
2. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)					
DECEASED (Type or Print)	DEATH 2/27					
	791 1926					
OBACE WIDOWED, DIVORCED,	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.					
male hegen (Specify) _ tubre	12 - 1 23 1956 yn. 4					
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT					
done during most of working life, even if OR INDUSTRY retired)	COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
2 0 40	9 12 1/ 0					
12066- Jac Nollays	queence somith					
15. WAS DECEASED EYER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS					
(Yas, no, or unk.) (If Yas, give wer or detes of service)						
18. MEDICAL GERTIFICATION INTERVAL SETWEEN						
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH					
77/6 X IMMEDIATE CAUSE (A) Tremolus	74/4 HUNDING CALLER IN Tremolunety (6 Th mmiles)					
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B)	weight /-the /2 m)					
GIVING RISE TO THE ABOVE CAUSE						
STATING UNDERLYING CAUSE LAST. DUE TO						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE						
DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?					
	YES NO NO					
216. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, ferm, factory,	2ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)					
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	(2000)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED	2H, HOW DID INJURY OCCUR?					
M. el work at work						
m. di work L. di work L.						
22. I hereby certify that I attended the deceased from	, 19, to					
alive on						
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED					
Me Maner CMD	S'themaro == = (1)					
23. BURIAL, CREMATION, DATE THEREOF NAME OF COMETERY OR	CREMATORY LOCATION (City, town, or county) (State)					
REMOVAL (SPECIFY)	, , , , , , , , , , , , , , , , , , , ,					
2x22x56 burial 2-28-56 St. Edmond						
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
2 20 E6 H W Word	Bobby Lee Holland - Ches. Beach. Md.					



MARYLAND STATE DEPARTMENT OF HEALTH

1690

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	0000
MARYLAND MARYLAND	Justro	andre
CITY (II outside corporate limits, write RURAL and CR give nearest town) (In this place) TOWN	CITY (If outside corporate fimits, write RURAL and giv	e nearest town)
Y TOWN FUSITION Fige	TOWN FUNCTION	12
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (Il yuyal, give location)	/
3. NAME OF DECRASED WARY EVELVIV	TORNEY DATE (Month)	(Day) (Year)
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	l sear If under 24 hrs. Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. FIRTHYLACE (State or foreign country) 12	. CITIZEN OF WHAT
done during most of vorking life, even if retired) INDUSTRY		Costyfay70
13. FATHER'S NAME	116 MOTHER'S MAIDEN NAME	7607
James B. Gray	Carrie Fatterson	
15. Was Discressed Ever In U.S. Armed Forces! 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS	~ 122.1
(m) service)	I sume course 1/2	oney
18. MEDICAL CE	BTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	11	ONSET AND DEATH
83/ Immediate cause (a) Cerebral	Stemorrhage	8 Firs
Antecedent cause(s)	_	
1001118111	1	21001
Discesses or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	1	0
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		000 000 000 00 00 000000000000000000000
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
0		Yes D No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID, INJURY OCCUR?	
OF INJURY While at Work At work	1	
22. I hereby certify that I attended the deceased from	, 195, to 19 that I last s	aw the deceased
alive on 1955 and that death occurred at	7 P. m., from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W.E. S. Vister	, solomono o su	2
REMOVAL (Specify) /1/56 SX . SW	RY OR CREMATORY LOCATION (Gity, town, or coun	y) Marin
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
19 100 1 AV. 6 (A) (ASTOR)	Junkey Sently, France	gualres
1		2

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

LEB 12 1826

BUREAU V. S.

within 24 hours after death. Page 4

HYSICIAM: The law requires that the death certificate be executed

CERTIFICATE OF DEATH

Part	Dist	Ma	

	2012	Reg. Dist. No. 5]
1.	PLACE OF DEATH O. COUNTY Calvert MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	1/ + +
6	d. NAME OF HOSPITAL (If right in hospital), give street address) OR INSTITUTION	d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First Middle OFCEASED (Type or print) Annic	Troff 4. DATE Month Day Year OF DEATH File 26 1956
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min
10	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR I during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (State of fareign country) 12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15.	WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT Just Address, Address, Address, Mintenstron M.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c)	Falure & Decompensation Street and Death Onset and Death Oleration CV, disease
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20a. ACCIDENT WAS UNDERLYING DON'S CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Port I or Part II of Item IB.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 Hour o. m. 19 While Not while of work of work	Oe. PLACE OF INJURY (Home, Form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	21. I certify that I attended the deceased from	death accurred at 10 M, from the causes and on the date stated above DATE SIGNED M.D. PRINCE FREDERICK, MD.
22	REMOVAL (Specify) 72b. DATE THEREOF 22c. NAME OF CEMETE PLANE (Specify) 7 LL 28,1956 Milando	as Cemetery Funtingson (Stote)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	Md. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE DATE 2-28-56 H. W. Ward

may be retained by the has, for attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDIN VS A15 (4) 15M 9/55

HYASQ NO STADINGS

ENBEVN A: Z.

9961 I 8VV"

BECEINED